

MARYLAND HEALTH CARE COMMISSION

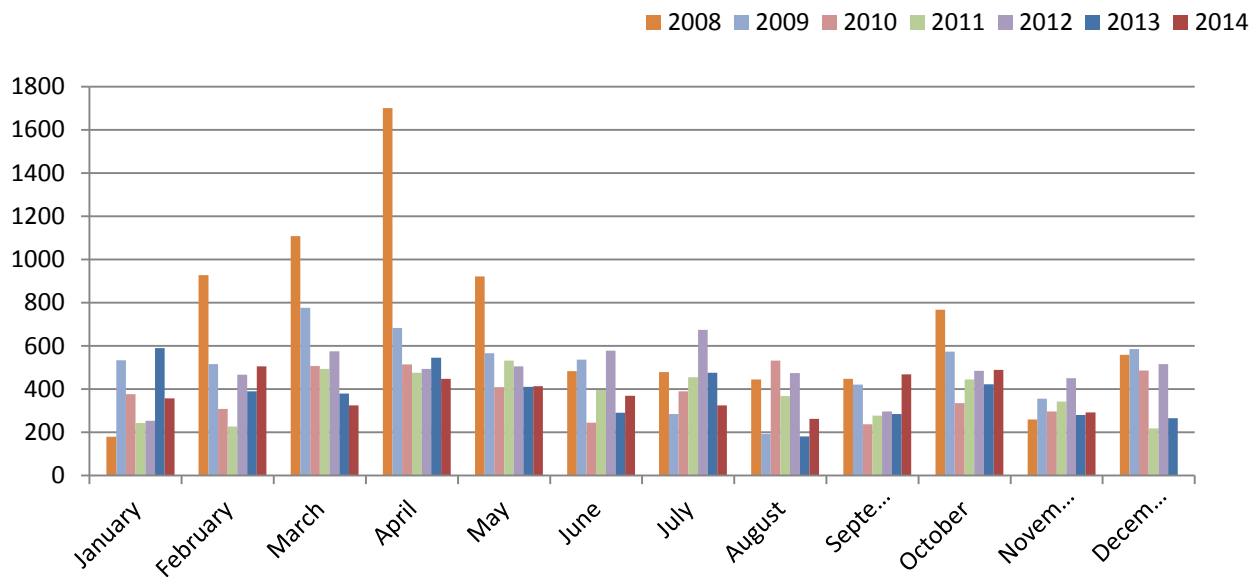
UPDATE OF ACTIVITIES

January 2015

EXECUTIVE DIRECTION

Maryland Trauma Physician Services Fund

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2008-2014



Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, has not yet reported on the claims adjudicated for December 2014. The monthly payments for uncompensated care from January 2008 through November 2014 are shown above in Figure 1.

On Call Stipends

Applications from Level II and Level III trauma centers for reimbursement of on call costs are due to the Commission no later than January 31, 2015.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis

MCDB Web Portal and ETL Development

The second release of the MCDB Web Portal and ETL Development successfully launched on November 24, 2014 and is receiving data for 2014 Q3. This release featured the addition of a messaging and waiver module on the front-end (web portal) and the addition of tier 2 (threshold) validations on the back-end (ETL). Development activities for release three are under way. The third release will feature expanded ETL automated processing (e.g. tier 3 cross-field validations), a management report module, and development of the data warehouse and data marts. The release will occur in two phases: (1) The first phase of the release will be timed with fourth quarter submissions, which are due at the end of February 2015, and include the management report module and tier 3 validations; and (2) The second phase of the release will follow in March with the data warehouse and initial data marts going into production.

The web portal and ETL system have been successfully used to process 2014 Q1-Q3 data submissions through tier 2 validations. Payors received automated notifications when submissions failed, and they were able to review and respond to errors within the portal. Tier 3 and 4 validations are being done in SAS, until these tiers are fully implemented in the ETL system. Fourth quarter data for 2014 is due on February 28, 2015.

Legislative Reports

Staff has been working on two legislative reports to evaluate laws passed related to: (1) Assignment of Benefits; and (2) divestment of MRI machines from physician practices. Staff had previously conducted a baseline analysis for the Assignment of Benefits legislation. At the Commission Meeting on December 18, 2014, results from the final AOB analysis were presented. Based on Commission recommendations, SSS and MHCC staff have updated analyses and finalized the report. This report will be presented at the Commission Meeting on January 15, 2015 for approval before being sent to the legislature. The MRI study was presented for approval at the Commission Meeting on December 18, 2014. The Commission requested that a cover letter highlighting study caveats in interpreting the study results be prepared to accompany the report. Staff prepared the letter and finalized the report based on Commissioner feedback. This report will be sent to the legislature. Both reports are being presented at the House Government and Operations Committee on January 22, 2015.

Collaboration with Maryland Insurance Administration on Rate Review

MIA and MHCC plan to leverage the MCDB to support the MIA's review of rate filings. Initial internal efforts to reconcile MCDB and Actuarial Memoranda (AM) data, identified some discrepancies. The MIA and MHCC will meet individually with insurance carriers to understand and resolve these discrepancies. MIA and MHCC have agreed on a two-phased approach for these meetings and reconciliations. The first phase will focus on reconciliation of membership counts, and, once membership counts are in agreement, the second phase will focus on reconciliation of cost and utilization measures. MHCC Staff has produced exhibits of membership counts by carrier, insurance market, and product type with both MCDB and AM data. Phase 1 has been initiated with the first payor with meetings commencing in mid-January 2015.

Figure 2 - Data from Google Analytics for the month of December 2014



- Bounce rate is the percentage of visitors that see only one page during a visit to the site.

Internet Activities

As shown in the chart above, the number of sessions to the MHCC website for the month of December 2014 was 2,284 and of these, there were 54.42% new sessions. The average time on the site was 2:46 minutes. Bounce rate of 69.44 is the percentage of visitors that see only one page during a visit to the website and is included in the percentage rate of both unique and returning visitor categories.

Typically, visitors to the MHCC website arrive directly, by entering an MHCC URL or referencing our saved URL, via a search engine such as Google, or from a referral through another State site. Visitors who arrive directly are typically aware of MHCC, but visitors arriving via search engines and referrals are more likely to be new users.

The highest referral source was from the mhcc.maryland.gov. Other government agencies include dhmh.maryland.gov, hsrc.state.md.us. Among the most common search keywords in December were: “Maryland Health Care Commission”, “assisted living facilities”, “home based care” and “home health care agencies”.

Table Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
PCMH Public Site	Updates	Migrated to Cloud Server
PCMH Portal (Learning Center & MMPP)	On-going Maintenance	Migrated to Cloud Server
PCMH Practices Site (New)	On-going Maintenance	QM Completed Case Management Survey Live
Boards & Commissions Licensing Sites (13 sites)	On-going Maintenance	
Boards & Commissions Licensing Site(13 sites)	Redesign New Credit card Interface	All Live: Social Work Live Diet Live Massage Therapy Live Board of Professional Counselors and Therapists Board of Examiners of Podiatrist New Board of Psychologists (LIVE 1/1/2015)
Physician Licensing	Completed	Completed

Health Insurance Partnership Public Site		Migrated to Cloud Server
Health Insurance Partnership Registry Site	Monthly Subsidy Processing On-going Maintenance	Auditing payments for several employers (Ongoing)
Hospice Survey 2014	Completed 2014	(Ongoing)
Long Term Care 2013 Survey	Completed 2014	Exported LTC HIT Survey Questions
Hospital Quality Redesign	Planning	
MHCC Assessment Database	On-going Maintenance	
IPad/iPhone App for MHCC	Development	Ongoing
npPCI Waiver	Quarterly Report finished	(Ongoing)
MHCC Web Site	LIVE	Industry Site Completed Web Editor Completed Splash page and Consumer page under development

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter

The January 2015 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 29th edition of the NOAS News & Notes newsletter.

Features:

- Fast Forward to the end or Beginning of your Gmail Inbox: instructions on how to go from the newest to the oldest to the oldest emails in your Gmail Inbox, in just 2 clicks. Also, diagram showing how to use the supplied arrows to toggle through all emails on the computer screen.
- Gmail: notification of the 30GB of cloud storage space available to every @maryland.gov account. This space is shared between Gmail, Google Drive and Photos. Also, instructions on limiting the space available to either of the applications.

Information Technology Procurements Completed

- **Tableau**: completed procurement for the Tableau software and hosting resources. Tableau is software that helps create data visualization models based on business intelligence.
- **Tableau Server**: completed procurement for the Tableau server (physical computer server). The Tableau server will host data visualization models and permit access to named users from external web requests.

- **Web Hosting Contract:** completed procurement for the continuation of MHCC’s web hosting. The selected vendor will continue to host, for external access, the primary MHCC website, the MHCC SFTP & database server, and will host the new Tableau server.

Special Projects

Health Insurance Rate Review and Health Care Pricing Transparency: CCIIO Cycle III and Cycle IV Grants

During the Fall of 2013, CMS awarded a federal grant to MHCC, under its Cycle III rate review/medical pricing transparency grant program, for nearly \$3 million over a 2-year time period (October 1, 2013 through September 30, 2015). This grant funding allows MHCC to assist the MIA in rate review activities, and enhance Maryland’s medical pricing transparency efforts. The grant money is used to speed up processing of MCDB data submissions so that the MIA has timely access to the data. The funds also will be used to create software that will automatically generate measures the MIA deems important for rate review. The accelerated processing of MCDB data submissions is being achieved through the use of Extract, Transform and Load (ETL) software that screens data submissions for quality and completeness at the point of data submission and rejects submissions that do not comply with the screening criteria. The ETL software was obtained through SSS, our current database/ETL contractor, and includes the flexibility to employ payer-specific screening criteria that reflects waivers granted to payers by the MHCC for deviations from established data completeness thresholds. The ETL portal went live for carrier data submission on September 30, 2014 and continues to be built out for expanded automation. Quarter 1 and Quarter 2 2014 data submissions have been processed, and Quarter 3 data submissions are close to completion.

On September 19, 2014, MHCC was awarded a Cycle IV federal grant from CMS/CCIIO, totaling more than \$1.1 million dollars over a two-year time period (September 19, 2014 through September 18, 2016), to further expand the MCDB to support additional rate review and pricing transparency efforts in Maryland.

Freedman Healthcare, MHCC’s Project Management Office (PMO), continues to manage the duties of the database/ETL contractor to ensure that all milestones established in the Cycle III and Cycle IV grants are met. MHCC’s Methodologist assists the PMO with specific grant initiatives, specifically with MCDB decision support to the MIA in evaluating the MCDB for rate review activities. Later this month, the Methodologist and Freedman will hold meetings with Maryland’s large insurance carriers to discuss a data validation process with the goal of reconciling APCD data and data received by the MIA in Actuarial Memoranda (AM) as part of carrier rate filings.

<i>CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT</i>
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Acute Care Policy and Planning

Cardiac Surgery

Maryland hospitals submitted their STS composite star ratings to Commission staff in December for the first time, as well as other select measures. Most Maryland hospitals have now also submitted to MHCC two STS data set submissions used for evaluation of program performance and quality.

Study of the Impact of Rate Setting on Freestanding Medical Facilities

Staff has continued to work on finalizing this study. However, key information from the report was presented at the December Commission meeting. Staff expects to complete the study in January. The study will be followed by development of a new State Health Plan chapter for freestanding medical facilities, planned for adoption in 2015.

Elective Percutaneous Coronary Intervention (PCI) Certificates of Conformance

Two hospitals that have been providing emergency PCI since 2008, Carroll Hospital Center in Westminster (Carroll County) and University of Maryland Upper Chesapeake Medical Center in Bel Air (Harford County) were authorized to provide elective PCI services

Long Term Care Policy and Planning

Minimum Data Set Project

Commission staff continues to work with Myers and Stauffer (contractor) via bi-weekly phone conference calls to develop and further refine the MDS Manager program, which now includes MDS 2.0, as well as MDS 3.0, and incorporates updates as CMS revises versions of MDS 3.0. Work has been completed on programming MDS data to support the Consumer Guide for Long Term Care. Work is underway on programming MDS data to support the Long Term Care Survey and various component reports.

Hospital Palliative Care Study

The status of this project, as well as updates are posted on the Commission's website at:

http://mhcc.dhmdh.maryland.gov/Pages/HPCP_Project.aspx

Staff has obtained data from the Center to Advance Palliative Care (CAPC) for nine of the participating Maryland hospitals for 2012. Staff also has received preliminary data from the Maryland Cancer Collaborative Survey. Staff had a conference call with Tamara Dumanovsky, who is the new Vice President for Research and Analytics at CAPC. Staff explained the project and discussed the availability of 2013 CAPC data. This data is expected to be available by January or February.

Staff also followed up with a few hospitals which used the "8" code on their discharge data. Codes were originally set up as 1= received palliative care consult and accepted plan of care; 2= received palliative care consult, accepted plan of care and referred to hospice; 3= received palliative care consult and rejected palliative care plan. Code 8 was offered as an option for a hospital which could not further break down its palliative care patients. Since all hospitals agreed to the more specific coding, no facilities should be using "8". This issue is being addressed so that the code is not used in future reports.

Hospice Survey

Data submission for the FY 2013 Maryland Hospice Survey has been completed. During November, staff noticed anomalies in the total patient days variable. As a result, staff did more follow-up with multiple providers to verify their data. In addition, an issue was brought to our attention regarding county allocation of patients. This data has now been updated, and the revised and updated public use data set was posted during December on the Commission's website at:

http://mhcc.maryland.gov/public_use_files/index.aspx

Special Hospital-Chronic Bed Occupancy Report

Commission staff has developed the Chronic Hospital Occupancy Report for FY 2013. This report, which is updated annually, is required under COMAR 10.24.08. It reports data on number of licensed beds, patient days, and occupancy for both private and state-operated chronic hospitals. The private chronic hospitals in FY 2013 include: University of Maryland Rehabilitation and Orthopedic Institute (formerly James Lawrence Kernan Hospital); Johns Hopkins Bayview Medical Center; Levindale Hebrew Geriatric Center and Hospital; University of Maryland Medical Center Midtown Campus (formerly Maryland General Hospital); and Laurel Regional Hospital. The state-operated chronic hospitals include Western Maryland Hospital Center and Deer's Head Hospital Center. The Chronic Hospital Occupancy Report for

FY 2013 was published in the December 1st issue of the *Maryland Register* and was posted on December 8, 2014 on the Commission's website at

http://mhcc.maryland.gov/mhcc/pages/plr/plr_ltc/documents/chcf_chronic_care_occupancy_2013.pdf.

Updating the Home Health Agency Chapter to the State Health Plan

Commission staff is drafting a paper proposing a conceptual framework for regulating home health agency (HHA) services in Maryland in preparation for updating the HHA Chapter of the State Health Plan. This background paper describes the current landscape of Maryland's HHA industry including the supply and geographic distribution of HHAs, as well as utilization trends and underlying factors contributing to changes in utilization. Agency-specific quality and performance scores publically reported on CMS' Home Health Compare, based on process and outcome measures as well as experience of care measures, are also reviewed and described. A Home Health Agency Advisory Group will be convened to review the issues and proposed new regulatory approach outlined in the document, as well as to discuss other relevant concerns. Participants on the HHA Advisory Group will consist of representatives from Maryland HHAs of varying size, geographic location, and type, as nominated by the Maryland National Capital Homecare Association (MNCHA). Other representatives will include payers, consumers, and federal and State regulatory agencies.

Home Health Agency Survey Data

The FY 2013 Home Health Agency public use data, and the FY2013 Utilization Tables are now available on the Commission website for public access. The data is based on the 2013 Maryland Home Health Agency Survey data collection.

Long Term Care Survey

Seven hundred and twenty-two (722) facility surveys have been submitted and accepted, including 233 comprehensive care facilities, 373 assisted living facilities, 110 adult day care centers, and 6 chronic hospitals.

Staff continues to work on cleaning and analyzing the data for the creation of reports and public use data sets.

Certificate of Need ("CON")

CON's Approved

Season's Hospice & Palliative Care of Maryland, Inc. (Baltimore City) – Docket No. 13-24-2346

Establishment of a 12-bed inpatient hospice unit in leased space at Sinai Hospital

Approved Cost: \$1,388,372

CON Letters of Intent

Anne Arundel Medical Center (Anne Arundel County)

Introduction of cardiac surgery services

Baltimore Washington Medical Center (Anne Arundel County)

Introduction of cardiac surgery services

Lorien Harford, Inc. (Harford County)

Addition of 17 comprehensive care facility (CCF) beds at Lorien–Bel Air, located at 1909 Emmorton Road, in Bel Air.

Lorien Harford, Inc. (Harford County)

Addition of 97 CCF beds at Lorien- Bel Air, located at 1909 Emmorton Road, in Bel Air.

Lorien Harford III, LLC (Harford County)

Establishment of an 80-bed CCF to be located at 2503 Bel Air Road, in Fallston.

Lorien Harford III, LLC (Harford County)

Establishment of an 80-bed CCF to be located at 1526-1528 Rock Spring Road, in Forest Hill.

Lorien Harford III, LLC (Harford County)

Establishment of an 80-bed CCF to be located at 1300 Pulaski Highway, in Edgewood.

Lorien Harford III, LLC (Harford County)

Establishment of a 97-bed CCF to be located at 2503 Bel Air Road, in Fallston.

Lorien Harford III, LLC (Harford County)

Establishment of a 97-bed CCF to be located at 1526-1528 Rock Spring Road, in Forest Hill.

Lorien Harford III, LLC (Harford County)

Establishment of a 97-bed CCF to be located at 1300 Pulaski Highway, in Edgewood.

Johns Hopkins Surgery Centers Series. (Baltimore City)

Establish an ambulatory surgery center with six operating rooms and four procedure rooms to be located at 10803 Falls Road, in Lutherville.

Pre-Application Conference

Central Maryland Open Heart Surgery Review

Anne Arundel Medical Center

Baltimore Washington Medical Center

December 17, 2014

Harford County Comprehensive Care Facility Review

Lorien Harford, Inc.

Lorien Harford III, LLC

December 17, 2014

Baltimore City Ambulatory Surgery Center Review

Johns Hopkins Surgery Center Series

December 17, 2014

Determinations of Coverage

- **Ambulatory Surgery Centers**

Surgical Specialty Center of Mid Atlantic, LLC (Montgomery County)

Establish an ambulatory surgery center with one sterile operating room and two non-sterile procedure rooms to be located at 6430 Rockledge Drive, Suite 110, in Bethesda

Potomac View Surgery Center, LLC (Prince George's County)

Establish an ambulatory surgery center with one sterile operating room and two non-sterile procedure rooms to be located at 6710 Oxon Hill Road, Suite 150, in Oxon Hill

Premier Surgical Pavilion (Prince George's County)

Establish an ambulatory surgery center with one sterile operating room and one non-sterile procedure room to be located at 6178 Oxon Hill Road, in Oxon Hill

Allegany Ambulatory Surgery Center, LLC (Allegany County)

Addition of a physician to the medical staff of this existing surgery center

- **Acquisition/Change of Ownership**

Rock Glen Nursing & Rehabilitation Center (Baltimore City)

Transfer of operations of the facility from Rock Glen Healthcare, Inc. to Westgate Hills Operator, LLC

Gentiva Health Services, Inc.

Acquisition of Gentiva Health Services, Inc. which provides home health services in Anne Arundel, Baltimore, Calvert, Carroll, Charles, Frederick, Harford, Howard, Montgomery, Prince George's, and Queen Anne's Counties and Baltimore City by Kindred Healthcare, Inc.

Greater Chesapeake Surgery Center, LLC (Baltimore County)

Change in the ownership structure of the surgery center

- **Capital Projects**

Peninsula Regional Medical Center (Wicomico County)

Capital expenditures for business and office equipment not related to patient care, capital expenditures for major medical equipment, and capital expenditures for distinct renovations projects within the hospital

Other

- **Delicensure of Bed Capacity or a Health Care Facility**

Signature HealthCARE at Mallard Bay (Dorchester County)

Temporary delicensure of 24 CCF beds

Chesapeake Shore (St. Mary's County)

Temporary delicensure of eight CCF beds

Laurelwood Care Center at Elkton (Cecil County)

Temporary delicensure of 33 CCF beds

- **Relicensure of Bed Capacity or a Health Care Facility**

Anchorage Nursing & Rehabilitation Center (Wicomico County)

Relicensure of six temporarily delicensed CCF beds

Holly Hill Nursing & Rehabilitation Center (Baltimore County)

Relicensure of five temporarily delicensed CCF beds

Blue Point Nursing & Rehabilitation Center (Baltimore City)

Relicensure of 10 temporarily delicensed CCF beds

- **Disposition of Temporarily Delicensed Bed Capacity or a Health Care Facility**

Johns Hopkins Bayview Care Center (Baltimore City)

Johns Hopkins Bayview Medical Center has entered into a binding purchase and sale agreement to transfer ownership and relocate 80 temporarily delicensed CCF beds from Johns Hopkins Bayview Care Center to Mid-Atlantic Health Care Acquisitions, LLC.

Health Information Technology

Staff participated in the Office of the National Coordinator for Health Information Technology's (ONC) Health Information Technology (health IT) Policy Committee (committee) meeting. The committee is tasked with developing recommendations on a policy framework for a national health information network infrastructure, which includes adopting transmission standards, services, and policies for the exchange of electronic health information. The committee discussed several social and behavioral measures to be considered by ONC for adoption in the Electronic Health Record (EHR) Certification Program and Meaningful Use Stage 3. It was recommended that ONC and the Centers for Medicare and Medicaid Services (CMS) amend the EHR certification and meaningful use regulations (regulations) to include standard measures for the four social and behavioral domains that are typically collected by health care providers: race/ethnicity, tobacco use, alcohol use, and residential address. Eight additional social and behavioral domains were also recommended for inclusion in the regulations: educational attainment, financial resource strain, stress, depression, physical activity, social isolation, intimate partner violence (for women of reproductive age), and neighborhood median-household income.

The survey instrument for the annual Maryland Hospital Health IT Assessment was tested by staff during the month. The survey will assess health IT adoption and use among all 47 general acute care hospitals in Maryland during calendar year 2014 in comparison to hospitals nationally. The survey specifically gathers information on hospitals' use of EHRs, computerized physician order entry, clinical decision support, electronic medication administration records, bar code medication administration, infection surveillance software, electronic prescribing, health information exchange (HIE), telehealth, and patient portals, as well as hospitals' participation in the CMS EHR Incentive Programs. Additional questions added to the survey this year will assess the types of services offered through hospital patient portals, such as bill pay, pre-registration for services, and access to visit summaries. Another new addition to the survey will assess hospitals' participation with a local HIE, an HIE other than Maryland's State-Designated HIE, the Chesapeake Regional Information System for Our Patients (CRISP). During the month, staff distributed the survey to select hospital Chief Information Officers (CIOs) for review and comment; the survey will be distributed to all hospital CIOs in January.

During the month, staff completed an environmental scan (scan) of EHR adoption at local health departments (LHDs) and State owned hospitals. Delegate Dan Morhaim asked MHCC to identify opportunities to implement EHRs in LHDs and State owned hospitals using open source technology, where the product's design, or source code, is publically available. Preliminary findings from the scan indicate that 63 percent of LHDs have adopted an EHR as compared to 36 percent of State owned hospitals. In general, LHDs and State owned hospitals identified the following challenges with open source technology: actual costs to implement and maintain the EHR system and the need for customized support from a proprietary EHR vendor. Additional findings suggest that enhanced collaboration among LHDs on matters of technology would be beneficial. A meeting held with representatives from LHDs during the month provided an opportunity for LHDs to discuss challenges concerning EHR adoption and implementation. Next month, staff plans to draft an information brief detailing the findings from the scan. The information brief is targeted for release in February.

Staff is in the preliminary stage of drafting a report on comprehensive care facilities' (CCFs') adoption of health IT. The report will present data on EHR adoption and HIE needs among 233 CCFs in Maryland; the data were collected through the State's Annual Long Term Care Survey (survey). Preliminary survey results indicate that almost three-quarters of CCFs reported use of an EHR in 2013. CCFs reported the following benefits of implementing an EHR: improved access to data, improved health outcomes for patients, improved coordination across care settings, and improved workflow. Staff is planning to expand next year's survey to assess CCFs' adoption of HIE services, as well as their adoption of telehealth technology. The report will present the 2013 survey results and the broader health IT landscape of CCFs in Maryland and nationally, including health IT adoption challenges and opportunities to advance health

IT adoption among CCFs, particularly within the context of health care reform. Staff plans to release the report in the spring of 2015. Audacious Inquiry was competitively selected to assist in completing the work.

Health Information Exchange

Staff participated in three CRISP Advisory Board meetings during the month: the Clinical Advisory Board, the Technical Advisory Board, and the Privacy and Security Advisory Board. The Clinical Advisory Board approved health plan access to CRISP's Query Portal beyond the current pilot, which is limited to six payors that query information on their active members for services not paid out-of-pocket. The Technical Advisory Board discussed the progress of the data center migration, an image exchange use case, and an ambulatory practice engagement strategy. The Privacy and Security Advisory Board discussed implementation of Fair Warning, a software service which allows CRISP to proactively monitor data release and access to ensure adherence to internal and external privacy and security policies. CRISP plans to run sample audit reports in January using Fair Warning for evaluation by the Privacy and Security Advisory Board for usability and value.

Staff convened a Pharmacy HIE Access Workgroup (workgroup) to develop recommendations for implementing a limited use case pilot between community pharmacies and CRISP. The use case pilot would expand the role of community pharmacists by providing them with greater access to clinical information. The use case will enable community pharmacists to access CRISP data for patients that consent. Currently, authorized pharmacists that work in community settings can access data from the Prescription Drug Monitoring Program, which allows them to view prescriptions previously filled for controlled dangerous substances. The workgroup continues to discuss the provisions of a use case pilot for consideration by the CRISP Clinical Advisory Committee and approval by the CRISP Board. Over the next several months, the workgroup will address (1) pilot scope and participants; (2) privacy and security policies; (3) sites and number of authorized users; and (4) assessment metrics, among other things.

Implementation of the nine-month telehealth pilot projects (pilot projects) continued during the month. The pilot projects will assess how use of telehealth can improve care coordination between hospitals and CCFs and reduce hospital utilization. Staff worked with the three grantees to finalize their project plans and initiate project implementation activities. During the month, the grantees refined their clinical goals, which will measure the impact of telehealth interventions on hospital utilization. The grantees involved in the pilot projects are: (1) Atlantic General Hospital Corporation in partnership with Berlin Nursing and Rehabilitation Center; (2) Dimensions Healthcare System in partnership with Sanctuary of Holy Cross; and (3) University of Maryland Upper Chesapeake Health in partnership with the Bel Air facility of Lorien Health. All combined, a total of \$87,888 was awarded to the grantees, and each grantee is required to provide a dollar for dollar match contribution. The pilot projects also require the grantees to use an EHR system, as well as CRISP HIE services. An assessment of the results from the pilot projects is expected to commence in the fall of 2015. Staff is also in the planning stage of a telehealth symposium where grantees will provide stakeholders with an overview of the pilot projects. The telehealth symposium will showcase the work underway and foster collaboration among the grantees; a March timeframe is targeted for the event.

During the month, staff provided guidance to Peninsula Regional Hospital regarding their HIE registration. COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* (HIE regulations), requires HIEs operating in Maryland to register annually with MHCC. Registration involves an HIE's demonstration of its financial viability and implementation of certain policies and procedures related to the privacy and security of protected health information (PHI) that is stored and shared electronically. Seven of eight HIEs that were identified as needing to comply with the HIE regulations have completed the registration process. During the month, staff also convened a meeting with the HIE Policy Board (Board), a staff advisory group tasked with recommending policies governing the electronic exchange of patients' PHI. Members discussed potential policies related to the release of secondary data from HIEs to certain entities for research purposes. Staff plans to seek feedback from Board members in January on the additional enhancements made to the draft research policy.

Staff continues to seek stakeholder input on the preliminary recommendations of the HIE environmental scan (scan). The scan was performed to evaluate the current and future landscape of HIEs in Maryland. Today, health IT system vendors, among others, are implementing technology to support electronic health information exchange. These organizations do not meet the current definition of an HIE in statute, and for the most part, adhere to the federal minimum protections specified in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act. The recommendations will include proposed changes to the definition of an HIE in statute and identify opportunities to clarify existing HIE regulations. In March 2014, MHCC adopted regulations to ensure a higher level of privacy and security and consumer protection than required by HIPAA/HITECH for organizations that meet the statutory definition of an HIE. A summary on the scan findings is planned for release in the first quarter of 2015. STS Consulting Group was competitively selected to assist in completing the work.

Innovative Care Delivery

Staff continues to collaborate with CRISP, the Maryland Learning Collaborative, and the Maryland State Medical Society, MedChi, in developing an application for the CMS Practice Transformation Network (PTN) Cooperative Agreement. The PTN Cooperative Agreement aims to redesign medical practices, transforming systems driven by quantity of care to ones that focus on patients' health outcomes and coordinated health care. CMS will make up to 35 awards on a competitive basis between \$2 to \$50M to applicants who have pre-existing relationships with multiple primary care practices and specialists, and have advanced data sharing capabilities. Awardees of the PTN Cooperative Agreement will collaboratively lead practices through the transformation process. CRISP is prime in the application; the award period is for four years. The MHCC would facilitate the data and evaluation activities of the PTN Cooperative Agreement. In January, staff plans to seek stakeholder input on the proposed application. The application due date to CMS is February 6th.

Staff met with the Maryland Medical Assistance Program (Medicaid) and the Children's Health Insurance Program (CHIP) Payment and Access Commission (MACPAC), a federal agency tasked with providing policy and data analysis to Congress on Medicaid and CHIP, to discuss successes and challenges related to the Maryland Multi-Payer Patient Centered Medical Home (PCMH) Program (MMPP). MACPAC seeks to learn more about states' reform efforts as Medicaid programs across the country are evolving rapidly and pursuing innovative payment and delivery models aimed at improving value. In particular, MACPAC is attempting to identify promising approaches and lessons learned from states that could be considered a model when developing potential recommendations to Congress and the U.S. Department of Health and Human Services.

Staff continues to work with Aetna as they finalize their single carrier PCMH application. Aetna is seeking approval of its single carrier PCMH program as required under existing statute, which indicates that a single carrier PCMH program must obtain MHCC approval under certain circumstances if it proposes to make payments and share health information. In order to be approved by MHCC, the single carrier PCMH program must conform to the *Guidelines for PCMH Demonstration Programs*, a set of guidelines endorsed by the Patient Centered Primary Care Collaborative, a multi-stakeholder national coalition. Staff anticipates Aetna will begin marketing its program to providers in the spring of 2015.

Electronic Health Networks & Electronic Data Interchange

During the month, staff recertified Cyfluent as an electronic health network (EHN). Approximately 40 EHNs operating in Maryland are certified by MHCC in accordance with COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse*, which requires third party payors to only accept electronic health care transactions originating in Maryland from MHCC-certified EHNs. As part of the certification process, EHNs must receive national accreditation every two years, which includes demonstration of their compliance with over 100 criteria related to privacy, security, and business practices. Staff continues to prepare for the next Electronic Data Interchange (EDI) reporting cycle, as required by COMAR 10.25.09, *Requirements for Payors to Designate Electronic Health Networks*. The regulations require payors with an annual premium volume of \$1M or more, as

well as certain specialty payors, to submit an EDI Progress Report (report) to MHCC by June 30th each year. The reports collect information on the percentage of payors' practitioner, hospital, and dental claims submitted electronically, including their use of national standards for other electronic health care transactions. Staff plans to finalize an information brief in January summarizing payors' 2013 EDI activity.

National Networking

Staff attended several webinars during the month. The eHealth Initiative presented, *Healthcare's Digital Explosion: Is Your Data Secure?* Presenters provided perspectives about the benefits and risks health care enterprises face with adopting new technologies that connect individuals outside of traditional care settings (e.g. smart phones or wearable glucose monitors) and provide real-time health information (e.g. sleep quality or calories burned). The Southwest Telehealth Resource Center hosted, *Impact of Social Media in Health Care*, which discussed how consumers' use of social media in health care could inform health care policy as mainstream media often draws from medical blogs. Surescripts presented, *How to Get Started with Electronic Prescribing of Controlled Substances*, which provided an understanding of the regulatory, legal, and technological requirements necessary for health systems and affiliates in implementing electronic prescribing of controlled substances.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Health Plan Quality & Performance

Following a successful December launch of the 2015 public reporting period for health benefit plan quality, preliminary arrangements are being made for onsite audits of health benefit plans to take place during the spring months of March and April. MHCC and its audit partners continue to work with carriers to answer carrier questions, coordinate and prepare for a successful 2015 audit.

Staff continues working with MHCC's AAG to execute a trademark for MHCC's newest quality measurement instrument, the Maryland Race/Ethnicity, Language, Interpreters, and Cultural Competency Assessment (RELICC)TM. The trademark submission was completed previously, and full and formal Registered Trademark "®" status remains pending supplemental submission.

With several existing contracts coming to term in 2015, staff is in the process of drafting Requests for Proposals for key support functions. Staff continues to monitor the State's future reporting needs by qualified health plans and has a continued commitment to support the Exchange for the 2015 reporting period.

Hospital Quality Initiatives

The Maryland Health Care Quality Reports

Over the past five years, the Quality Measures Data Center (QMDC) website and secure portal has supported direct and timely access to detailed hospital quality and performance measures data for public reporting and for support of the HSCRC Quality Based Reimbursement (QBR) Program and efforts to modernize the Medicare Waiver. The QMDC, a major component of the Hospital Guide infrastructure, is being transformed into a single point of consumer access to quality and performance information on hospitals, other health care providers and health plans in Maryland. Staff is currently reviewing comments and questions from hospitals and consumers in a continued effort to refine content and presentation and reviewing options for promoting the new consumer tool. Staff also continues to develop content for future releases of the website.

Healthcare Associated Infections (HAI) Data

MHCC staff presented an update on HAI activities at a webinar sponsored by VHQC (Virginia Health Quality Center), the new Maryland QIO, on December 11th. The presentation highlighted the new redesigned QMDC website.

MHCC staff continues to participate on a multi-state workgroup of the Council of State and Territorial Epidemiologists (CSTE). The workgroup is tasked with standardizing the display of HAI data for both consumer and health professional reporting. Conference calls are held bi-weekly. Staff also participated on a CSTE HAI Subcommittee call that took place on December 16th.

Two interns from Johns Hopkins School of Public Health are working with staff on a project focusing on health care worker influenza vaccination across health care settings. The two students will be with the center through Mid-May of 2015.

Maryland hospitals continue to report Clostridium difficile infections data (CDI LabID events) through CDC's NHSN surveillance system. The staff is also working with hospitals on the new HAI data requirements that became effective January 1, 2014 including MRSA bacteremia, catheter-associated urinary tract infection (CAUTI), and surgical site infections data for abdominal hysterectomy and colon surgery. Preparations have begun for the next audit of NHSN data.

Specialized Cardiac Services Data

The staff has completed the collection and processing of the 3Q2014 NCDR ACTION registry data. The first phase of the cardiac data validation process has been completed and the audit findings were shared with facilities in an educational webinar held on Dec. 4th at the MHCC offices.

Long Term Care Quality Initiative**Consumer Guide to Long Term Care**

Staff has updated the survey report format for nursing homes to be more user friendly.

The Minimum Data Set data prepared by the contractor, Myers and Stauffer, is undergoing quality checks prior to updating the nursing home resident characteristics.

Nursing Home Experience of Care Surveys

The 2015 survey cycle has begun; staff updated nursing home contacts for the two surveys: the long stay survey sent to responsible parties of current residents and the short stay survey sent to recently discharged residents. In 2015 additional nursing homes will participate in the short stay resident survey. A communication packet prepared by the contractor for mailing to nursing home administrators to obtain the lists of responsible parties and discharged residents was approved. The secure web site to submit lists is now open.

Staff is also compiling the quality measure scores specific to each nursing home that are sent with the survey. The quality measures include management of pain, percentage of staff and residents receiving influenza vaccine, number of deficiencies found by the survey agency and undesirable outcomes such as falls with injury and pressure sores that get worse during nursing home stays.

Small Group Market**Health Insurance Partnership**

The "Partnership" premium subsidy program has been available to certain small employers with 2 to 9 full time employees since October 1, 2008. As of January 6, 2015 enrollment in the Partnership was as follows: 70 businesses; 184 enrolled employees; 318 covered lives. The average annual subsidy per enrolled employee is \$2,535; the average age of all enrolled employees is 42; the group average wage is almost \$29,150; the average number of employees per policy is 4.3. The declines in coverage over the

past several months can be attributed to the phase-out of this state subsidy program, which began on June 1, 2014. Other causes can be attributed to higher small employer premiums for ACA-compliant plans that now must be offered, as well as several small employers not renewing their group policies but instead sending their employees to the individual exchange where they might qualify for a premium tax credit or other cost sharing subsidies.

Since open enrollment for small businesses in Maryland's SHOP exchange was deferred until April 1, 2014, Commission staff made all the necessary technical/recoding changes to the Partnership website and Registry in order to keep the subsidy program open to employer groups with renewal dates between January 1, 2014 through May 31, 2014. For those subsidy groups whose policies expired between June 1, 2014 through December 31, 2014 they were able to purchase an Exchange-certified SHOP plan through the SHOP Direct Enrollment Option with help from an insurance agent, broker, or third party administrator (TPA), or by shopping directly on Maryland Health Connection, where they might qualify for federal tax credits of up to 50 percent of their paid premiums. Staff sent correspondence to each employer impacted by these changes about their coverage options. As stated in the Transition Notice issued in September 2014, the Partnership was closed to new groups effective January 1, 2014. Coverage and state subsidies under this Program will cease entirely by May 1, 2015.